Behavioral Health Integration

Workgroups

Note: All workgroups should consider (and, where appropriate, make recommendations) regarding whether special provisions should be made to address children's issues, given EPSDT and the possible involvement of systems such as foster care, schools, and others.

1. <u>Systems Linkage Workgroup</u>. Purpose: To make a recommendation on those factors that should be present to promote "integration." For example, should there be a shared electronic health record among all providers within an MCO? What factors indicate "integrated" care, and what factors indicate "collaborative" care?

2. <u>State/Local and Non-Medicaid Workgroup</u>. Purpose: To make a recommendation on what services/financing should be left outside a "Medicaid" integrated care model to accommodate non-Medicaid eligible populations, or non-Medicaid-eligible services. This Workgroup will also make a recommendation on the roles that state and local government should perform depending on which services/financing are left outside of the Medicaid financing model, as well as how to support and interface with selected model.

3. <u>Data/Evaluation Workgroup</u>. Purpose: To determine what data is available and relevant to the ultimate recommendation on the model, and to make a recommendation on potential measures to evaluate any selected model.

4. <u>Chronic Health Home Workgroup</u>. Purpose: To make a recommendation on a new "Health Home" service under the Affordable Care Act, and make a recommendation on how the new service could be developed to support any integration model. For example, this workgroup would help define the service; define the population eligible for the service; and define the provider qualifications to deliver the service.